

2020-2021 EMPLOYEE B E N E F I T S G U I D E



2020-2021 EMPLOYEE BENEFITS GUIDE

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ENROLLMENT OPPORTUNITIES

There are three opportunities to select coverage or make changes to your benefits. Please carefully consider the benefit options available to you and your dependent(s).

1. New Employees

1. After you receive your first paycheck, you can log into Employee Self Service (ESS) using e + your employee ID number and your network password. **You have thirty (30) days from hire date to make your enrollment elections and submit supporting documents for any dependents you wish to cover**, or you will have to wait until Open Enrollment or experience a qualifying life event.
2. Complete a Death and Termination Pay Beneficiary Designation Form (see pages 26 - 27 for more information.)
3. Select Beneficiaries for basic life insurance (see page 13 for more information.)

2. Open Enrollment (March 16 - April 3)

Each year we offer you an opportunity to review your current benefits and make changes. During this time, you can make your benefit selections or update coverage for: medical, dental and vision plans, Healthcare Flexible Spending Account (HFSA) and voluntary life insurance, as well as update your beneficiary designation for basic and voluntary life insurance.

Open Enrollment for the 2020 - 2021 Plan Year is from March 16 - April 3, 2020. The changes you make will be effective on May 1, 2020. If you do not make any changes, your current benefits will remain in effect for the new Plan Year. **You must re-enroll in the Healthcare Flexible Spending Account each year.** If you add any new dependents during Open Enrollment, **supporting documents must be received by April 1, 2020 and prior to enrolling in benefits coverage, or coverage will NOT be added.**

3. Qualified Life Events

Sometimes an event, such as a marriage or birth, means you need to update your benefits during the Plan Year. You must submit a change form along with supporting documents within thirty-one (31) days of the event.

The following are qualified life events that allow an employee to make benefit changes during the Plan Year.

- Marriage
- Divorce
- Birth, adoption or placement of foster child
- Death
- Spouse and/or dependent gains or loses coverage through employment
- Unpaid leave of absence taken by employee or spouse
- Changing a dependent care provider
- Change in Medicare or Medicaid eligibility status

*(Disclaimer: If a conflict exists between this enrollment guide and the official plan documents for each plan, the official plan documents will prevail. **The City of Houston reserves the right to change, modify, increase or terminate any benefits.**)*

EMPLOYEE SELF SERVICE (ESS)

Log on to your benefits and enrollment tool, Employee Self Service (ESS), at portal.houstontx.gov. ESS is available 24/7 and makes electing and updating your benefits simple because it's a one-stop shop. Check your mailing address, view your paycheck, update your benefits and more all online. The enrollment application is secure, and your information will be protected, whether you are at home, at work, or using a public computer. Review your current elections and this guide to make your choices for the upcoming benefits year.



To access ESS, visit
portal.houstontx.gov



For password reset, contact HITS
at 832-394-4487 or
houstontx.service-now.com

WHAT'S NEW?

1. Out-of-pocket maximums are increasing per Affordable Care Act (ACA) guidelines. Out-of-pocket maximums for Consumer Driven Health Plan (CDHP) In Network, Limited Network Plan and Open Access Plan will be \$8,150 for individual coverage and \$16,300 for family coverage for the 2020-2021 plan year. Out-of-pocket maximums for CDHP Out-of-Network will be \$16,000 for individual coverage and \$32,000 for family coverage.
2. The Limited Network Plan has the following changes. A new Physician Group, Village Family Practice, has been added. If you select a Village Primary Care Provider (PCP), your PCP will refer you to a specialist within their group. The Memorial Hermann Health Network (MHHN) no longer participates in the Limited Network Plan. For the most current Providers Directory, visit mycigna.com or call 1-800-997-1406.
3. Cigna has partnered with Express Scripts, replacing Cigna Home Pharmacy Delivery. You will receive a new card because of this change. The mail order pharmacy benefit is more robust for 2020-2021. Beginning May 1, 2020, you can receive these maintenance prescriptions for \$0 by mail order pharmacy:
 - Generic and preferred brand diabetes related drugs and supplies;
 - Generic and preferred brand asthma related drugs;
 - Generic and preferred brand blood pressure related drugs;
 - Generic and preferred brand osteoporosis related drugs;
 - Generic and preferred brand prenatal vitamins;
 - Generic and preferred brand cholesterol related drugs;
 - Generic and preferred brand anxiety, depression, bipolar related drugs; and
 - Generic and preferred brand blood thinner related drugs.
4. Patient Assurance Program with Cigna is new for the 2020-2021 plan year. This program allows for certain preferred brand insulin drugs to be capped at \$25 for a 30-day supply and \$75 for a 90-day supply at participating Cigna in-network pharmacies.
5. Dearborn National (life insurance) has merged with Blue Cross Blue Shield of Texas and is now known as Blue Cross Blue Shield of Texas. This change has occurred with customer service lines, forms and communication materials.
6. Online appointment scheduling is available! Visit www.cityofhoustonbenefits.org to schedule a meeting with a dedicated Benefits representative at a date and time convenient to you.
7. For plan year 2020-21, retirees will be eligible to earn a discount on their Cigna medical plan rate for participating in wellness programs. The discount will be effective May 1, 2021. More details to come soon!
8. Beginning with Open Enrollment 2020, you will receive a benefits confirmation letter after May 1, 2020, after electing changes to your benefits.

REMINDER:

Cigna has coverage for the following:*

- Gender Dysphoria Services
- Bariatric surgery
- Hearing aids
- Reduction mammoplasty (breast reduction surgery)
- Varicose vein surgery

*Medical necessity, coverage limits and other requirements may apply.

More information can be found in the plan documents online at www.cityofhoustonbenefits.org

INSURANCE CARDS

A new insurance card will be issued to all employees due to Cigna partnering with Express Scripts on their pharmacy benefits. Log on to myCigna.com at any time to request or print additional medical benefits cards.

DEPENDENT ELIGIBILITY

Full-time and part-time employees who consistently worked 30 or more hours per week over the past 12 months are eligible for benefits.

Dependent Eligibility

Dependent eligibility is as follows:

Employee relationship	Required supporting documentation	Coverages available
Legal spouse <i>Ex-spouses are not eligible without a court order</i>	<ul style="list-style-type: none"> Social Security Card Marriage Certificate (front and back) or Declaration of Registration of Informal Marriage 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Biological child	<ul style="list-style-type: none"> Social Security Card Birth Certificate or Verification of Birth Facts 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Adopted child	<ul style="list-style-type: none"> Social Security Card Birth Certificate Adoption Documents 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Legal custody/ guardianship foster child <i>Children for whom you have legal guardianship or legal foster care</i>	<ul style="list-style-type: none"> Social Security Card Birth Certificate Guardianship Documents 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Court ordered dependent <i>Dependent for whom a court order has been received requiring you to provide healthcare coverage</i>	<ul style="list-style-type: none"> Social Security Card Birth Certificate Adoption/Guardianship Documents 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Stepchild	<ul style="list-style-type: none"> Social Security Card Birth Certificate Marriage Certificate (front and back) 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Coverage available up to age 26
Biological grandchild <i>Step-grandchildren are not eligible for coverage</i>	<ul style="list-style-type: none"> Social Security Card Birth Certificate Current IRS Filing Birth Certificate of Grandchild's Natural Parent/Employee's Biological Child 	<ul style="list-style-type: none"> Eligible for: medical, dental and vision Coverage available up to age 26
Disabled children age 26 and over	<ul style="list-style-type: none"> Social Security Card Birth Certificate Proof of child's condition and dependency must be submitted within 31 days upon receiving third-party medical administrator's approval for coverage 	<ul style="list-style-type: none"> Eligible for: medical, dental, vision, basic and voluntary life insurance and supplement coverage Contact the Benefits Division for appropriate paperwork to continue coverage

Required documents must be submitted and verified before dependents can be covered under any of the City of Houston benefits plans. Submitted documents must be County Clerk certified or court-filed documents. Each submitted document will be reviewed by the Benefits Division for approval before processing changes to coverage.

Important:

If both you and your spouse work for the city, you may be covered as an employee or as a dependent - but not both. Dependents may be enrolled under only one parent or guardian.

MEDICAL PLANS

The City offers three unique medical plan options to meet your individual needs. All plans include preventive care services and a four-tier prescription drug plan.

Medical Plan Biweekly Rates*			
Tier	Consumer-Driven Health Plan (CDHP)	Limited Network Plan	Open Access Plan
Employee Only	\$23.61	\$0	\$63.63
Employee + Children	\$70.89	\$106.78	\$190.86
Employee + Spouse	\$94.53	\$142.39	\$254.51
Employee + Family	\$141.80	\$213.59	\$381.75

* Rates shown include all wellness and non tobacco user discounts

Did you complete your wellness activities this year?



Each year, employees who engage in healthy activities are given opportunities for earning a discount on their medical plan rates. **Rates shown include all discounts.**

- If you and all your covered dependents do not use tobacco products, **you receive a \$17.50 biweekly discount.**
- If you complete the City's wellness program, **you receive a \$25 biweekly discount.**
- If your covered spouse completes the City's wellness program, **you receive a \$12.50 biweekly discount.**

NON-TOBACCO USER DISCOUNT

If you and/or your dependents do not use tobacco products, you qualify for the monthly non-tobacco user discount of \$35. If you and/or any of your dependents indicated tobacco use, you will not be eligible for the non-tobacco user discount. By enrolling and participating in a smoking/tobacco cessation program, you may become eligible for the monthly non-tobacco user discount of \$35. In order to be eligible for the discount, previously indicated tobacco users on the medical plan must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.

MEDICAL PLANS

Plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Medical Service Deductible	Individual \$1,750 Family \$3,500	Individual \$3,500 Family \$7,000	Individual \$200 Family \$600	Individual \$850 Family \$1,700
Plan Year Out-of-Pocket Max	Individual \$8,150 Family \$16,300	Individual \$16,000 Family \$32,000	Individual \$8,150 Family \$16,300	Individual \$8,150 Family \$16,300
Prescription Plan Deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		Individual \$150 Family \$450	No
Health Reimbursement Account	Yes. The City pays the first \$500 to \$1,000 depending on coverage tier.		No	No
Network Options	Includes Cigna’s national network Out-of-network services provided with higher co-insurance and deductibles.		Choose from one of the provider groups. Only true emergencies* are covered out of the provider group.	Includes Cigna’s national network. Only true emergencies* are covered out of network.
PCP	20% after the deductible is met	40% after the deductible is met	\$35	\$40
Specialist			\$65	Cigna Care Network (CCN) Specialist \$65 Non-CCN \$80
Outpatient surgery			\$350 per surgery Maximum of \$700 per plan year after the deductible is met	30% after the deductible is met
Inpatient facility			\$600 per day Maximum of \$3,000 per plan year after the deductible is met	30% after the deductible is met
Emergency room			\$400	30% after the deductible is met
Urgent care services	20% after the deductible is met		\$65	\$75 per visit
Wellness Programs	Yes	Yes	Yes	Yes
Prescription Drug Plan	Yes	Yes	Yes	Yes
Employee Assistance Program	Yes	Yes	Yes	Yes
Basic Life Insurance	Yes	Yes	Yes	Yes

* A true emergency is when an illness or injury places a person's health or life in serious jeopardy and treatment cannot be delayed. Examples include difficulty breathing, chest pain, a head injury or ingestion of a toxic substance.

PRESCRIPTIONS

When it comes to filling your prescriptions, choice, convenience and cost are important to you. There are over 68,000 retail pharmacies in your network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores - all places where you may already shop.

Where can you get your prescriptions filled?



30-day prescription pharmacies:

- CVS/Target
- Kroger
- H-E-B Pharmacy
- Kelsey-Seybold
- Walgreens
- Walmart
- Participating independent pharmacies



90-day prescription pharmacies:

- CVS/Target
- Kroger
- Walmart



Visit [Cigna.com/Rx90network](https://www.cigna.com/Rx90network) to see a complete list of pharmacies in your network.

Free Medications

Preventive Generic Medications:

Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, heart attack, stroke, diabetes, asthma, prenatal nutrient deficiency, etc. The City's prescription drug plan covers most of these medications at no cost to you. Go to myCigna.com website, app or call 800-835-3784 to learn which medications are free. You can also use the Drug Cost tool to estimate costs of any medications that are not on the no cost list.

No Cost Smoking Cessation and

Contraceptive Medications: The City's pharmacy plan covers prescription and over-the-counter smoking cessation and contraceptive products with no copay, coinsurance or deductible.

Patient Assurance Program: Certain preferred brand insulin drugs are eligible for a maximum copayment of \$25 for a 30-day supply and \$75 for a 90-day supply at participating in-network pharmacies.

Prescription Plan Features Comparison

Prescription plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Prescription deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		\$150 individual / \$450 family	No
Retail Generic	20%	60% Plan pays 40% after the deductible is met	\$10 or cost	\$10 or cost
Retail Preferred	Plan pays 80% after the deductible is met		\$45	20% (\$45 min/\$100 max)
Retail Non-preferred	Specialty medications are 30-day supply only		\$60	40% (\$55 min/\$150 max)
Retail Specialty			\$100	40% (\$100 min/\$300 max)
Free mail-order prescriptions through Cigna Home Delivery Pharmacy	Generic and preferred brand diabetes, asthma, blood pressure, osteoporosis, prenatal vitamins, cholesterol, anxiety, depression, and bipolar related drugs and supplies.			



DENTAL PLANS

Dental wellness is an important component in your overall health.
The City offers two dental plans administered by Delta Dental.

Biweekly Dental Rates		DHMO	DPPO
Tier	Employee only	\$4.24	\$17.11
	Employee + one	\$9.72	\$39.34
	Employee + two or more	\$13.32	\$53.87
Plan Features			
Plan Year		May 1 - April 30	May 1 - April 30
Service area		Houston-area counties	Anywhere in the United States
Annual maximum benefit		No annual maximum benefit	\$2,000 per individual
Annual deductible		No annual deductible	\$50 for each individual/\$150 family
Primary dentist referrals for specialty care		Yes	No
Claim forms		No	Yes
Preventive services: Cleaning and oral examinations, bitewing X-rays		Preventive services - \$0	The plan pays 100% of services, up to usual and customary limits. \$0 deductible.
Basic services: Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling		Extraction, Coronal remnants - \$9 Periodontal scaling - \$14 - \$24 Root canal therapy, molar - \$162	After you pay the annual deductible, the plan will pay 80% of services, up to usual and customary limits.
Major services: Initial fixed bridgework, crowns and dentures, replacement of bridgework		Crown, titanium - \$210 Complete denture, maxillary - \$260 Immediate denture, maxillary - \$270	After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits.
Orthodontic services: Covered services up to two years		Adult, 24 - month case- \$2,000 Adolescent, 24 - month case - \$1,800 Interceptive ortho service - \$1,100 (primary and transition dentition)	After you pay the annual deductible, the plan will pay 50% of services, up to usual and customary limits. The lifetime maximum benefit is \$1,000 per individual.



VISION PLAN

Eye health is another important component in your overall health. The City offers a stand-alone vision plan administered by Superior Vision.

Vision Plan at a Glance		
Biweekly Vision Rates		Superior Vision
Tier	Employee only	\$4.54
	Employee + children	\$8.21
	Employee + spouse	\$7.76
	Employee + family	\$12.31
Plan Features		
Annual routine eye exam		\$20
Yearly eyewear benefit for either eyeglasses or contact lenses		\$25 \$150 retail allowance for frames \$150 retail allowance for contact lenses
The following standard lens options are covered at 100 percent: single vision, bifocal, trifocal, lenticular, progressives, high-index and polycarbonate		Included in yearly eyewear benefit
Lasik benefit		\$300 toward cost of Lasik

FLEXIBLE SPENDING ACCOUNTS

There are two options available: the Healthcare Flexible Spending Account for health-related expenses and the Dependent Care Reimbursement Plan for dependent care expenses.

Healthcare Flexible Spending Account

The Healthcare Flexible Spending Account (HFSA) allows you to stretch your budget further. The HFSA is a voluntary pre-tax benefit plan that allows you to set aside money from your paycheck to be used to pay the out-of-pocket medical, prescription, dental and vision expenses that you and your eligible dependents incur.

You never pay taxes on the money you put into your account, giving you more bang for your buck when you use pre-tax money to reimburse qualified healthcare expenses.

How does it work?

- After enrollment, you will receive a WageWorks Healthcare Card.
- Use your card just like a debit card at your doctor's office, pharmacy and more to pay for qualified expenses for instant reimbursement.

HFSA AT A GLANCE

Minimum contribution: \$240 a year

Maximum contribution: \$2,550 a year

Plan Year: May 1, 2020 - April 30, 2021

Incur claims: May 1, 2020 - April 30, 2021

Deadline to file claims: July 31, 2021

Administrator: WageWorks

Selecting an Election Amount

Three things to keep in mind when selecting an election amount:

1. Your total election amount is available on May 1, 2020 - April 30, 2021, so the HFSA can help regulate your healthcare spending and take care of the unexpected expenses along the way.
2. The minimum annual election amount is \$240 and the maximum is \$2,550.
3. As a HFSA participant, you still have the 90-day run-out period (May 1, 2021 - July 31, 2021) to file claims and request reimbursement for expenses incurred prior to the end of the HFSA Plan Year April 30, 2021.
4. Contributions are based on 24 pay periods.

Dependent Care Reimbursement Plan

The Dependent Care Reimbursement Plan works much like the HFSA, but is for dependent care expenses. Open Enrollment for Dependent Care Reimbursement Plan is November 1, 2020 - December 31, 2020. The plan begins January 1, 2021 and ends December 31, 2021.

How do I manage my HFSA?

Management of your HFSA is a snap with the WageWorks web portal, WageWorks.com, or WageWorks EZ Receipts mobile app. You can set up alerts, view your dashboard, submit a claim or receipt, and more.



Important:

Any unused HFSA funds as of April 30, 2021 will be lost and forfeited so it is important to elect an amount that you will use between May 1, 2020 - April 30, 2021.

You must re-enroll in the HFSA every year at Open Enrollment if you want to continue the benefit.

WELLNESS IN THREE EASY STEPS

Employees, Covered Spouses, and Retirees participating in a Cigna medical plan are eligible to participate in the wellness program. Employees, Covered Spouses, and Retirees who participate earn a medical rate discount for their 2021-22 medical benefits.

1

ANNUAL EXAM



Employees, covered spouses & retirees: Visit your physician for your annual physical exam by January 31, 2021 to earn 10%.

Obtain your biometric measurements from your annual preventive exam. Your biometric measurements must be from February 1, 2020 or later.

You need up-to-date measurements for your blood pressure, total and HDL cholesterol, height, weight, and waist circumference.

2

HEALTH ASSESSMENT



Employees, covered spouses & retirees: Use your up-to-date measurements to complete the online Health Assessment on myCigna.com between May 1, 2020 – March 12, 2021 to earn 10%.

3

WELLNESS ENGAGEMENT



Employees, covered spouses & retirees: Complete one of the five wellness engagement options between March 11, 2020 – March 12, 2021.

EARN YOUR DISCOUNT



WELLNESS ENGAGEMENT OPTIONS



Option A: Preventive Care

Available: February 1, 2020

Deadline: January 31, 2021

Earn 80%

Complete two preventive care activities. Earn 40% for each goal.

- Annual Mammogram
- Annual OB/GYN Visit
- Annual Cervical Cancer Screening
- Annual Colonoscopy
- Flu Shot
- Prostate Cancer Screening
- Annual Dental Exam*
- Annual Vision Exam*
- Hepatitis A and B Vaccination*
- Pneumonia Vaccination*
- Tetanus Vaccination*
- Varicella Vaccination*
- Zoster (shingles) Vaccination*
- Validated Fitness Facility Attendance (48 sessions per calendar quarter earns 10%. Submit form each quarter to earn 40%)*

*Self-reported. All others reported via Cigna claim.

Option B: Telephonic Coaching

Available: March 11, 2020

Deadline: March 12, 2021

Earn 80%

Achieve a fitness, diet or health goal with the help of a trained health coach. Coaches can counsel you in weight



loss, smoking cessation, medication adherence, disease management and many other health concerns. Telephonic coaching requires a minimum of 3 calls to achieve a health goal.



Option C: Onsite Health Education Programs

Available: May 1, 2020

Deadline: March 12, 2021

Earn 80%

Attend or participate in a City of Houston facilitated onsite program. Programs may include, but are not limited to: multi-week lifestyle management and chronic disease management programs, Fitbit challenges, Department Wellness programs, Physical Activity Test, SummerFest (May 9, 2020) and City Fit Onsite Fitness programs.



Option D: Achieve a Health Goal

Available: February 1, 2020

Deadline: January 31, 2021

Earn 80%

Obtain all 3 labs within the guidelines below. Note: All labs must be reported via a Physician fax form available on myCigna.com or done at a lab within Cigna's lab network (LabCorp, Quest) or an onsite biometric screening vendor.

- Achieve a fasting blood sugar of less than 100 or non-fasting blood sugar of less than 140.
- Achieve a healthy total cholesterol level of less than or equal to 239 mg/dl.
- Achieve a healthy LDL of less than or equal to 129 mg/dl.



Option E: Smoking Cessation Program

Available: February 1, 2020

Deadline: March 12, 2021

Earn 80%

Complete an Onsite Tobacco Cessation class** or Cigna Tobacco Cessation Telephonic Coaching Program, which includes nicotine replacement.

**Class will be in a group setting with an onsite coach.

Important:

New Hires whose medical benefits become effective on or after September 1, 2020 are exempt for the 2020-2021 wellness program.

LIFE INSURANCE

The City provides all full-time employees with Basic Life Insurance at one time base salary at no cost. With submission of appropriate documentation, your spouse is eligible for a \$2,000 life insurance benefit. Dependent children up to age 26 may also qualify for a \$1,000 life insurance benefit.

If your life situation changes at any time — such as marriage, divorce or death — you should update your beneficiary as soon as possible.

Dearborn National (Life Insurance) has merged with BlueCross BlueShield of Texas and is now known as BlueCross BlueShield of Texas on customer service lines, forms and communication materials.

Voluntary Life

You have the option of purchasing Voluntary Life Insurance up to four times your base salary. New hires must enroll within 30 days of hire date and can elect up to three times your base salary without completing an Evidence of Insurability (EOI) form. You can add coverage for a spouse at half of your salary, up to a maximum of \$50,000 and coverage for children up to \$10,000. To apply for Voluntary Life Insurance for your spouse or children you must be enrolled in Voluntary Life Insurance for yourself.

Premiums are based on your age, salary and coverage options. Applicable rates are available on Employee Self Service (ESS) portal.houstontx.gov

If you are initially applying for or increasing your Voluntary Life Insurance benefit follow these steps:

1. Make your Voluntary Life Insurance selections on ESS at portal.houstontx.gov. You will receive a packet from BlueCross BlueShield of Texas by mail that will include an EOI form by the first week of May.
2. Submit your forms by one of the options below:

✉ Mailing Address:
BlueCross BlueShield of Texas
Attention: Medical Underwriting
P.O. Box 7072
Downers Grove, IL 60515

☎ Fax: 855-691-7157
Blue Cross Blue Shield of Texas
Attention: Medical Underwriting

3. Deductions from your paycheck will begin upon approval by BlueCross BlueShield of Texas (BCBS). If you do not receive notification from BCBS within 30 days of submitting your forms, contact them directly at 877-442-4207.

Important:

If you are electing or increasing Voluntary Life Insurance, you must complete an Evidence of Insurability (EOI) form to be approved. If you would like to elect Voluntary Life Insurance coverage for your dependent(s), you must enroll in Voluntary Life Insurance and an EOI form must also be completed for your dependent(s).



SUPPLEMENTAL INSURANCE

The City of Houston's Supplemental Insurance offerings include Group Critical Illness with Cancer and Group Hospital Indemnity. They will help protect you and your family against unexpected costs due to medical conditions and hospitalization. Individual and family supplemental coverage may be a good fit for some employees who want extra financial protection.

Group Hospital Indemnity

Provided by Continental American Insurance Company

- One-time hospital admission benefit of \$500
- \$100 a day for ICU confinement (up to 30 days)
- \$150 a day for hospital room confinement (up to 30 days)
- \$125 for outpatient surgery
- \$25 health screening benefit

Group Critical Illness with Cancer

Provided by Continental American Insurance Company

- Up to a \$20,000 lump sum is paid directly to you upon diagnosis
- Covers cancer, heart attack, stroke, coma, major organ transplant, kidney failure, angioplasty/stint, burns, etc.
- Different illness occurrence payable at 100 percent, if six months apart/same illness reoccurrence benefits payable at 100 percent, if six months apart (12 months for cancer)
- \$75 health screening benefit
- No lifetime limit on payout

Enrolling in Group Hospital Indemnity or Group Critical Illness Plan with Cancer

1. Enroll at www.wecareworks.com/Wecare
2. Log In Info:
 - Case ID: A932
 - User ID: Your Employee ID
 - Password: Houston20

Important:

Supplemental Insurance Plans are pre-tax benefits, which means you can only add or terminate the plans during Open Enrollment.



Need additional support?

Contact the vendor for more assistance:
Continental American Insurance Co.
866-849-0011 or 832-639-4453





EMPLOYEE ASSISTANCE PROGRAM



As an employee you have access to a valuable Employee Assistance Program (EAP). Your EAP provides support, resources and information for personal and work-life issues at no additional cost, for you and your family.

Workplace Confidential Emotional Support - 832-393-6510

Our highly trained clinicians will listen to your concerns and help you with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Workplace relationships
- Substance abuse

Confidential Emotional Support - 855-378-7485

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Financial Information and Resources

Discover your best options. Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Work-Life Solutions

Delegate your to-do list. Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

Legal Support and Resources

Expert info when you need it. Talk to an attorney by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Online Solutions

Knowledge at your fingertips. Online is your one stop for expert information on the issues that matter most to you ... relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheets, tutorials, streaming videos and self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searches

Plan Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage refer to the 2020 plan documents. SBCs and plan documents for each of the plans can be found on the HR website at cityofhoustonbenefits.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 800-997-1406 to request a copy. You may obtain a printed copy of the SBC or plan documents at no charge by contacting the Benefits Division at 832-393-6000 and it will be sent to you within seven days.

COBRA Notification Obligations

Under federal law, Consolidated Omnibus Budget Reconciliation Act (COBRA), the City of Houston is required to offer covered employees and/or covered family members the opportunity for continued health coverage at group rates when coverage under the health plan would otherwise end due to certain qualifying events. Continuation of coverage under COBRA is the same as that provided to active

employees and subject to the same requirements. Evidence of good health is not required to continue coverage. Failure to notify the plan administrator within 60 days of a qualifying event or from the loss of coverage date will result in a loss of any potential COBRA rights you may have had.

Medicare

When an employee retires and becomes covered by Medicare, the employee and his/her Medicare covered dependents must enroll in a city-sponsored Medicare Advantage or Medicare Supplement plan. In order to do so, you must first enroll in Medicare Parts A and B, and pay for Medicare Part B. All of the City-sponsored Medicare plans also include prescription drug plans, which provide more comprehensive prescription coverage than Medicare Part D, so it is not necessary to enroll in Part D. If you have any questions regarding Medicare you can contact the Social Security Administration at 800-772-1213 or online at SocialSecurity.gov. When you start thinking about retiring you can attend a retirement information seminar given by the Human Resources Benefits Department. This seminar will answer your questions about the city's retiree health benefit programs and Medicare. For details regarding the seminar, please contact 832-393-6000.



LEGAL NOTICES

Notice of Privacy Practices

The City of Houston's group health plans are designed to protect your privacy. In fact, even though we provide health benefits coverage for you, we do not have access to your medical records. That information is maintained by your doctor and your health plan provider. Federal and state laws require us to maintain the privacy of any information regarding your health care and treatment that is personally identifiable to you, and that is transmitted or maintained by the plans, regardless of the form. This includes information and identifiable factors such as your name, age, and address.

A Notice of Privacy Practices is posted at houstontx.gov/hr and describes how medical information about you may be used and disclosed, and how you can get access to this information. The notice also explains the plans' privacy practices, legal duties, and your rights concerning your protected health information. You can visit the website to review and retrieve the privacy notice.

If you are unable to access the notice, or prefer a copy by mail, contact the privacy officer at one of the following:

Privacy Officer
City of Houston
Human Resources Department
📍 611 Walker - 4th Floor
Houston, Texas 77002
✉ privacyofficer@houstontx.gov
☎ 832.393.6199

Notice of Wellness Program Participation

The wellness program is administered for City of Houston employees, with the goal of improving employee health and preventing disease. All activities, programs, and initiatives related to the wellness program adhere to federal regulations pertaining to employer-sponsored wellness programs, including the Health Insurance Portability and Accountability Act (HIPAA). Participation in the wellness program is voluntary and requires you to complete a health assessment that asks a number of different questions about your health-related activities and behaviors, with the goal of assessing whether you have or are predisposed to certain medical conditions, such as heart disease or diabetes. In order to complete your health risk assessment, you will be asked for your biometric numbers including: height, weight, blood pressure, body mass index (BMI), and blood cholesterol levels. These health numbers can be obtained through biometric screening events (operated by the City of Houston Wellness Team) or at your doctor. The results of your health assessment are used

to guide you to other wellness program resources, such as lifestyle management courses and health coaching. After completing the health risk assessment, you will be asked to complete one Wellness Engagement Option. These options are wide-ranging and diverse and seek to guide employees into healthier living through promotion of healthy eating habits, weight management, physical activity, immunization adherence, and taking advantage of health coaching and annual physicals. Employees who complete an annual physical, the health assessment and one wellness engagement option will receive a discount on their medical plan rate of up to \$900 (for employees and covered spouses). Employees that choose not to participate in and complete the wellness program will receive no discount on their medical plan rate and thus be liable for the full amount. Employees on Family/Medical Leave of Absence, on Military Deployment, or who become pregnant during the insurance plan year are exempt from having to complete the wellness program.

The laws governing the use of personally identifiable health information in the context of employer operated wellness programs prevent the City of Houston from sharing any of your health information with any entity, persons, managers, or supervisors except that which is relevant to the carrying out of a request by you, the employee, for participation in the wellness program. Aggregated information received as a result of your participation in the wellness program is used to design and target future initiatives and will never be sold, solicited, exchanged, transferred or otherwise disclosed beyond what is permitted by law, to carry out specific activities related to the wellness program. All persons involved in the handling of personally identifiable health information on behalf of the City of Houston are bound by confidentiality and are limited to members of the City of Houston Wellness Team and Cigna health coaches. Safety and security measures are in place in accordance with all federal regulations and the City of Houston standard operating procedures, to prevent any breach of data or health information. In the event of any such data breaches of personally identifiable health information, you will be notified in accordance with federal and state laws. All medical information provided will be separately maintained from employee personnel files and will not be included in decisions on employment. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the City's Office of Inspector General at 832-394-5100. If you have questions or concerns about your health information, visit www.houstontx.gov/hr/privacy_policy.html, or contact the Privacy Officer at 832-393-6199 or PrivacyOfficer@houstontx.gov.

HEALTH BENEFIT OPTIONS FOR RETIREMENT

As a new retiree who is not Medicare eligible, you have the option to continue your current medical, dental, vision and life insurance, or to opt out of coverage entirely.

Option 1: Keep existing coverage

You can keep your existing coverage for medical, dental, vision, life and supplemental insurance and pay the under 65 retiree rates found in this section.

- If you waived coverage as an active employee, you are not able to obtain the coverage as a retiree.
- Upon retirement, you must remain in your current medical or dental plans. You can only change plans if you are enrolled in the Cigna Limited Plan or Delta Dental HMO plan and you move outside of the coverage area.

Option 2: Opt out of coverage

You can opt out of coverage and retain the opportunity to return to city coverage for medical, dental, vision or life insurance by completing the Retiree/Survivor Medical/Dental/Vision Form.

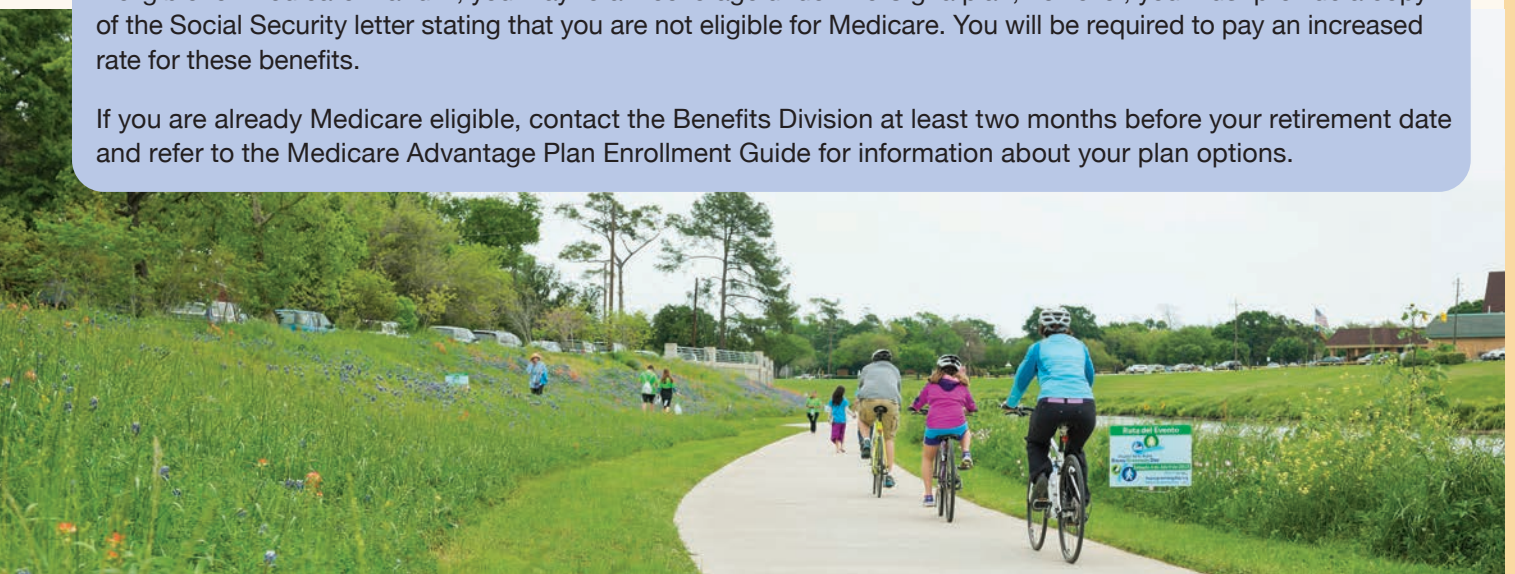
- You can choose to opt out of any health insurance plan you are enrolled in at the time of your retirement.
- You can opt back into plans you opted out of at the time during the annual Open Enrollment period with an effective date of May 1 of that plan year.
- You can opt back into plans you opted out of if you obtained other insurance coverage while you were opted out of the City's plan and you are losing that coverage. You must notify the Benefits Division within 31 days of losing coverage.

MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS

When you and/or your spouse/dependent become eligible for Medicare you must sign up for both Medicare parts A and B. You will then be required to enroll in one of the City-sponsored Medicare plans. The CIGNA plans will no longer be an option and your medical benefit will term at the end of the month you become Medicare eligible; as a result, if you do not enroll into a City-sponsored Medicare plan, you will be without City medical coverage.

There are exceptions for retirees who have end stage renal disease and those who are ineligible for Medicare parts A and B. If you were ineligible to participate in Medicare through the Social Security Administration and are ineligible for Medicare A and B, you may retain coverage under the Cigna plan; however, you must provide a copy of the Social Security letter stating that you are not eligible for Medicare. You will be required to pay an increased rate for these benefits.

If you are already Medicare eligible, contact the Benefits Division at least two months before your retirement date and refer to the Medicare Advantage Plan Enrollment Guide for information about your plan options.



RETIREE MEDICAL AND PRESCRIPTION PLANS

The City offers three unique medical plan options to meet your individual needs. All plans include preventive care services and a four-tier prescription drug plan.

Monthly Medical Plan Rates for Retiree Under 65 Without Medicare*			
Tier	Consumer-Driven Health Plan (CDHP)	Limited Network Plan	Open Access Plan
Retiree Only	\$323.84	\$388.60	\$647.67
Retiree + Children	\$518.14	\$621.77	\$1,036.32
Retiree + Spouse	\$842.00	\$1,010.37	\$1,596.54
Retiree + Family	\$1,036.32	\$1,243.54	\$1,979.38

* Rates shown include non-tobacco user discount

NON-TOBACCO USER DISCOUNT

If you and/or your dependents do not use tobacco products, you qualify for the monthly non-tobacco user discount of \$35. If you and/or any of your dependents indicated tobacco use, you will not be eligible for the non-tobacco user discount. By enrolling and participating in a smoking/tobacco cessation program, you may become eligible for the monthly non-tobacco user discount of \$35. In order to be eligible for the discount, previously indicated tobacco users on the medical plan must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.

Prescription Plan Features Comparison				
Prescription plan features	Consumer-Driven Health Plan		Limited Network Plan	Open Access Plan
	In Network	Out-of-Network		
Prescription deductible	Yes. Combined medical and pharmacy deductible, except for certain preventive medications which are not subject to deductible.		\$150 individual / \$450 family	No
Retail Generic	20%	60% Plan pays 40% after the deductible is met	\$10 or cost	\$10 or cost
Retail Preferred	Plan pays 80% after the deductible is met		\$45	20% (\$45 min/\$100 max)
Retail Non-preferred	Specialty medications are 30-day supply only		\$60	40% (\$55 min/\$150 max)
Retail Specialty			\$100	40% (\$100 min/\$300 max)
Free mail-order prescriptions through Cigna Home Delivery Pharmacy	Generic and preferred brand diabetes, asthma, blood pressure, osteoporosis, prenatal vitamins, cholesterol, anxiety, depression, and bipolar related drugs and supplies.			

RETIREE DENTAL AND VISION PLANS



Dental wellness is an important component in your overall health.
The city offers two dental plans administered by Delta Dental.

Monthly Dental Rates for Retirees		
Tier	DHMO	DPPO
Retiree only	\$8.48	\$34.22
Retiree + one	\$19.44	\$78.68
Retiree + two or more	\$26.64	\$107.74

Eye health is an important component in your overall health.
The city offers a stand-alone vision plan.

Monthly Vision Rates for Retirees	
Tier	Superior Vision
Retiree only	\$9.08
Retiree + children	\$16.42
Retiree + spouse	\$15.52
Retiree + family	\$24.62



RETIREE SUPPLEMENTAL AND LIFE INSURANCE

Continuing Supplemental Insurance as a Retiree

If you have one of the supplemental insurance plans at the time of your retirement, you may continue them as a retiree by contacting BlueCross BlueShield of Texas to set up a payment plan directly with them.

Basic Retiree Life Insurance

The City provides eligible retirees with a Basic Retiree Life Insurance. The monthly premium is \$15.45 for a \$15,000 life insurance benefit.

You must enroll within 31 days from retirement. The form can be found at cityofhoustonbenefits.org, or by calling 877-442-4207. Return your completed and notarized form to the City of Houston Benefits Division.

Important:

Dearborn National (Life Insurance) has merged with BlueCross BlueShield of Texas and is now known as BlueCross BlueShield of Texas on forms and communication materials.

Life Insurance Conversion

The City provides all full-time employees with Basic Life Insurance at one times your base salary at no cost while employed. Upon retirement or separation from the City, this policy will terminate unless you wish to continue the coverage directly with BlueCross BlueShield of Texas. To continue the Basic or Voluntary Life Insurance, refer to the Conversion Chart on the next page to determine your premiums. You will need to complete the Application to Convert Group Life Insurance at cityofhoustonbenefits.org.

Submit your forms by one of the options below:

✉ Mailing Address:
BlueCross BlueShield of Texas
Attention: Medical Underwriting
P.O. Box 7072
Downers Grove, IL 60515

📠 Fax: 855-691-7157
BlueCross BlueShield of Texas
Attention: Medical Underwriting



Dearborn Life Insurance Company

Premium Calculation Worksheet For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is \$2,000.

To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand	(√)	Mode Desired	Premium Factor	Modal Policy Fee
20.....	6.51	60.....	47.79	<input type="checkbox"/>	Annual.....	1.000	\$17.00
21.....	6.86	61.....	50.70	<input type="checkbox"/>	Semi-Annual.....	.520	\$9.00
22.....	7.09	62.....	53.72	<input type="checkbox"/>	Quarterly.....	.265	\$5.00
23.....	7.42	63.....	56.86	<input type="checkbox"/>	EFT Monthly.....	.08583	\$0.00
24.....	7.76	64.....	60.23		(Sign below & attach voided check)		
25.....	8.10	65.....	63.84		Enclose the Modal Premium amount with your application.		
26.....	8.56	66.....	67.67		<div style="border: 1px solid black; padding: 10px; text-align: center;"> For clarification, contact DEARBORN LIFE INSURANCE COMPANY Attn: Department 6006 1020 31st Street Downers Grove, IL 60515 1-800-721-7987 </div>		
27.....	8.90	67.....	71.74				
28.....	9.22	68.....	76.05				
29.....	9.68	69.....	80.47				
30.....	10.13	70.....	85.24				
31.....	10.58	71.....	90.70				
32.....	11.03	72.....	96.55				
33.....	11.59	73.....	102.77				
34.....	12.14	74.....	109.38				
35.....	12.70	75.....	116.41				
36.....	13.25	76.....	123.90				
37.....	13.92	77.....	131.94				
38.....	14.58	78.....	140.61				
39.....	15.23	79.....	150.02				
40.....	15.89	80.....	160.20				
41.....	16.77	81.....	171.21				
42.....	17.76	82.....	183.01				
43.....	18.73	83.....	195.57				
44.....	19.71	84.....	208.90				
45.....	20.79	85.....	223.10				
46.....	21.97	86.....	282.86				
47.....	23.14	87.....	342.62				
48.....	24.53	88.....	402.38				
49.....	25.90	89.....	462.15				
50.....	27.36	90.....	521.91				
51.....	28.92	91.....	581.67				
52.....	30.56	92.....	641.43				
53.....	32.28	93.....	701.19				
54.....	34.10	94.....	760.95				
55.....	36.10	95.....	820.72				
56.....	38.10	96.....	880.48				
57.....	40.30	97.....	940.24				
58.....	42.68	98.....	1,000.00				
59.....	45.16						

EFT Authorization: Check one:

☐ Checking ☐ Savings

Account #

I hereby authorize and request Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

Signature of Account Holder
(Please attach voided check)

Example: Conversion of \$10,000 Group Life for a 45-year old to \$10,000 Whole Life Plan payable quarterly:

Example:

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
20.79	X	10.000	X	0.265	+	5.00	=	60.10

Your Calculations:

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
_____		_____		_____		_____		\$ _____

Dearborn Life Insurance Company

Application to Convert Group Life Insurance

Mail to Dearborn Life Insurance Company at:

Attn: Department 6006

1020 31st Street

Downers Grove, IL 60515

Phone Number: (800) 721-7987

Upon becoming ineligible for group insurance, e.g., leaving employment, you may convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on the reverse side.
2. Mail the completed application with your check or money order for the first modal premium to the above address.

Part 1: TO BE COMPLETED BY EMPLOYER

Group Number F019122			Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd <input type="text"/> <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) <input type="text"/>	
Date Employment Term'd <input type="text"/>	Date Coverage Terminated <input type="text"/>	Last Actual Day of Work <input type="text"/>		Amount of Group Insurance <input type="text"/>
Name of Employer Providing Group Policy City of Houston		Annual Salary <input type="text"/>		Insurance Class <input type="text"/>
Signature of Policyholder's Representative/Title <input type="text"/>		Telephone Number <input type="text"/>		Date Signed <input type="text"/>

Part 2: TO BE COMPLETED BY INSURED Please type or print with ball point pen

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME IN FULL <input type="text"/>		SOCIAL SECURITY NUMBER <input type="text"/>	TELEPHONE NUMBER <input type="text"/>	GROUP POLICY NO. <input type="text"/>	
RESIDENT ADDRESS STREET <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>					
SEX <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE LAST BIRTHDAY <input type="text"/>	STATE OF BIRTH <input type="text"/>	LAST DATE OF ACTIVE WORK <input type="text"/>	PRESENT OCCUPATION <input type="text"/>
AMOUNT OF INSURANCE TO BE CONVERTED <input type="text"/>	PREMIUM MODE <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*		First full modal premium must be submitted with application Premium Enclosed \$ <input type="text"/>		Automatic Premium Loan Provision Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY DESIGNATION

Primary	FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	ADDRESS <input type="text"/>	SOCIAL SECURITY NO <input type="text"/>	DATE OF BIRTH <input type="text"/>	RELATIONSHIP <input type="text"/>
	FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	ADDRESS <input type="text"/>	SOCIAL SECURITY NO <input type="text"/>	DATE OF BIRTH <input type="text"/>	RELATIONSHIP <input type="text"/>

If more space is need 1) use extra paper 2) mark able "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

Is the owner to be other than the insured? ☐ Yes ☐ No

FIRST NAME <input type="text"/>	INITIAL <input type="text"/>	LAST NAME <input type="text"/>	RELATIONSHIP <input type="text"/>
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Address of Owner, if other than Insured:

No. & Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
--------------------------------------	------------------------------	-------------------------------	----------------------------------

The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.

Signed At City <input type="text"/>	State <input type="text"/>	on Mo <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Signature of Applicant <input type="text"/>
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*EFT (Electronic Funds Transfer - Sign on back and attach voided check)

Signature of Owner (Other than Insured)

DEATH TERMINATION PAY BENEFICIARY FORM

The Death Termination Pay Beneficiary form is provided for you to elect a beneficiary to receive any pay, which you would otherwise have received, payable based on your employment. Pay includes, but is not limited to: wages, value of unused vacation accruals (VAC), compensable sick leave (CSL), modified sick plan (MSP) and paid time off (PTO) owed to you upon your death as an active employee. Please complete the form legibly and have it notarized by a Human Resources Benefits Representative at 611 Walker - 4th Floor or a notary public that is convenient for you.

SEE REMOVABLE FORM ON THE FOLLOWING PAGE



CITY OF HOUSTON NOTARIES

Human Resources Benefits Representative
611 Walker – 4th Floor
Houston, Texas 77002
832-393-6000

Operation Hours:
Monday – Friday
8 a.m. - 5 p.m.



Death Termination Pay Beneficiary Designation Form

611 Walker, 4th Floor, Houston, TX 77002 | 832-393-6000

Please Complete legibly and have notarized by a Human Resources Benefits Representative at 611 Walker - 4th floor or a Notary Public that is convenient for you.

Termination pay - If my termination of employment with City of Houston is by reason of my death, I affirm the beneficiary designated herein on this form, to receive my pay, which I would have otherwise received, payable based on my employment. Pay includes, but is not limited to wages, value of unused vacation accruals, value of compensable (CLS) sick leave hours, value of modified sick plan (MSP) leave hours, and paid time off (PTO) hours, if any supported by City ordinances, policies, procedures, and/or recognized labor union agreements in effect at the time of my death and payable through the City of Houston payroll system. Pay does not include any payments, resulting from my participation in City-sponsored programs or plans, payable from external sources.

Naming The Beneficiary - It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and a contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, date of birth, social security number, relationship, and if a minor, the age of that minor. If you need assistance, contact your Human Resources Benefits Division or your legal counsel. This beneficiary designation form is effective the date on which Human Resources Benefits Division receives it.

<input type="checkbox"/> Election	<input type="checkbox"/> Change	Effective Date _____		
Employee Name	Employee ID	Last 4 digits of SSN	Work Phone	Department

Address	City	State	Zip

Beneficiary Election: Select one <input type="checkbox"/> Election A: Single Participant I am single, widowed, or divorced and designate the individual(s), named on this form, to receive my Death Termination Pay. I understand if I marry, this designation is void the date of my marriage. My spouse will be the assumed beneficiary until I properly execute another Death Termination Pay Beneficiary Form. Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the issued court decree. <input type="checkbox"/> Election B: Married with Spouse as Sole Beneficiary I am married and designate my spouse, named on this form, to receive my Death Termination Pay. Note: Spouse's signature is not required. <input type="checkbox"/> Election C: Married with Spouse not as Sole Primary Beneficiary I am married and designate the individual(s), named on this form, to receive my Death Termination Pay. Note: For Election C your spouse must sign the consent below.
--

Primary Beneficiary: Complete for all applicable.					
Name	Date of Birth	Social Security No.	Relationship	Age (if minor)	% to Each

Contingent Beneficiary: Complete for all applicable.					

The percentage(s) must total 100 percent. If percentage is not listed, the Death Termination Pay will be divided equally among the primary or contingent beneficiaries as applicable.

Employee Signature _____ Contact Phone _____ Date _____

Spouse's Name (Print) _____ Spouse's Signature _____

THE STATE OF TEXAS §
 §
 COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____ A.D.

(SEAL)

Notary Public Signature _____

Cigna

☎ 800-997-1406
☎ 832-393-6191
☎ 832-393-6305
☎ 832-393-6193
✉ cityofhoustonerviceinquiries@cigna.com
🔗 myCigna.com

Express Scripts

☎ 800-835-3784

Delta Dental

☎ DHMO 844-282-7637
☎ DPPO 855-242-1549
🔗 deltadental.com

Employee Assistance Program (EAP)

☎ 832-393-6510
☎ 855-378-7485
📠 TTY: 711
✉ employeeassistanceprogram@houston.tx.gov
🔗 guidanceresources.org
Web ID: HOUSTONEAP

Superior Vision

☎ 800-507-3800
🔗 superiorvision.com

Wage Works (HFSA & DCRP)

☎ 877-924-3967
🔗 wageworks.com

Continental American Insurance Co. (Supplemental)

☎ 866-849-0011 or 832-639-4453
🔗 www.wecareworks.com/Wecare
Case ID: A932
User ID: Your employee ID
Password: Houston20

Blue Cross Blue Shield of Texas (Life Insurance)

☎ 877-442-4207
✉ ancillaryquestionTX@bcbstx.com

Empower Retirement/Deferred Compensation

☎ 713-426-5588
☎ 832-393-9062
☎ 877-313-7693

Houston Firefighters' Relief and Retirement Fund

☎ 281-372-5100
🔗 hfrrf.org

Houston Municipal Employees Pension System

☎ 713-595-0100
🔗 hmeps.org

Houston Police Officers Pension System

☎ 713-869-8734
🔗 hpops.org

City of Houston Benefits Division

611 Walker, 4th Floor, Houston, Texas 77002

☎ 832-393-6000 | ✉ benefits@houston.tx.gov | 🔗 cityofhoustonbenefits.org

